



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY

REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

MAY 5 1982
Mr. Earl C. Guinn
Monsanto Industrial Chemical Company
260 Springside Drive
Akron, Ohio 44313

RE: Interim Status Acknowledgement USEPA ID No. OHD 071 112 239
FACILITY NAME: MONSANTO INDUSTRIAL CHEMICAL COMPANY

Dear Mr. Guinn:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Earle H. Harbison, Jr.

4/22/82



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD071112239

REACKNOWLEDGEMENT

MONSANTO INDUSTRIAL CHEMICAL COMPANY
260 SPRINGSIDE DRIVE
AKRON OH 44313

INSTALLATION ADDRESS

260 SPRINGSIDE DRIVE
AKRON OH 44313



001337 AUG 20 84

FOR OFFICIAL USE ONLY

CONTINUE ON REVERSE



I.D. - FOR OFFICIAL USE ONLY									
5	4	3	2	1	10	9	8	7	6
W	0	0	7	1	1	2	3	4	1
1	2						13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002 23 - 26	2 F003 23 - 26	3 F005 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 NONE 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P003 23 - 26	32 P005 23 - 26	33 P014 23 - 26	34 P017 23 - 26	35 P022 23 - 26	36 P024 23 - 26
37 P030 23 - 26	38 P032 23 - 26	39 P048 23 - 26	40 P053 23 - 26	41 P054 23 - 26	42 P058 23 - 26
43 P059 23 - 26	44 P061 23 - 26	45 P063 23 - 26	46 P064 23 - 26	47 P069 23 - 26	48 P077 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 NONE 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Director, Technology	DATE SIGNED 8-15-80
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FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FOH D 0 7 1 1 1 2 2 3 9 3 D	
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X' YES NO FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S., other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY 1 MONSANTO CO. AKRON MKT & RESEARCH CENTER					
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 Guinn Earl C. B. PHONE (area code & no.) 216 666 4111					
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 260 Springside Drive B. CITY OR TOWN 4 Akron C. STATE OH D. ZIP CODE 44313					
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 260 Springside Drive B. COUNTY NAME Summit C. CITY OR TOWN 6 Akron D. STATE OH E. ZIP CODE 44313 F. COUNTY CODE (if known) 153					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	7	3	8	1
(specify) Industrial organic chemicals and allied products				(specify) tires			
C. THIRD				D. FOURTH			
7	3	8	4	7	3	8	2
(specify) Hose and belting				(specify) Plastic materials & synthetic resins			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
MONSANTO COMPANY												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE												3 1 4 6 9 4 1 0 0 0	
E. STREET OR P.O. BOX													
800 North Lindbergh													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
St. Louis						MO		63166		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N		NA	9	P		NA
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U		NA	(specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R		NA	(specify)			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9A/50

XII. NATURE OF BUSINESS (provide a brief description)

This is a Research and Development Laboratory. Chemical work is analytical or bench scale synthesis, no pilot plant activity is carried out. Experimental automobile tires are built and tested by Dept. of Transportation laboratory procedures. Rubber and plastic hoses and other test specimen are made for testing and evaluation of their component materials.

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Earle H. Harbison, Jr., Group Vice President & Managing Director		11/11/80

COMMENTS FOR OFFICIAL USE ONLY

C	
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EPA Form 3510-3 (6-80)

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY													
W O H D 0 7 1 1 1 2 2 3 9 3 1												W DUP 3 2 DUP													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
W NO. 1-26	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1	U 0 0 2	2100000	P	S 0 1																					
2	U 0 0 3	6450000	P	S 0 1																					
3	U 0 3 1	1080000	P	S 0 1																					
4	U 1 4 0	270000	P	S 0 1																					
5	U 0 4 4	270000	P	S 0 1																					
6	U 0 5 6	2700000	P	S 0 1																					
7	U 0 8 0	270000	P	S 0 1																					
8	U 1 0 8	270000	P	S 0 1																					
9	U 1 1 2	270000	P	S 0 1																					
10	U 1 1 7	1080000	P	S 0 1																					
11	U 1 5 4	2800000	P	S 0 1																					
12	U 1 5 9	270000	P	S 0 1																					
13	U 1 6 1	270000	P	S 0 1																					
14	U 2 1 3	550000	P	S 0 1																					
15	U 2 2 0	4300000	P	S 0 1																					
16	U 2 3 9	2900000	P	S 0 1																					
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	CH	D	0	7	1	1	1	2	2	3	9	7/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	0	8	3	2	0
55	56	57	58	59	60	61

0	8	1	3	8	3	7	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

 Earle H. Harbison, Jr., Group
 Vice President & Managing Director

B. SIGNATURE

C. DATE SIGNED

11/11/88

X. OPERATOR CERTIFICATION

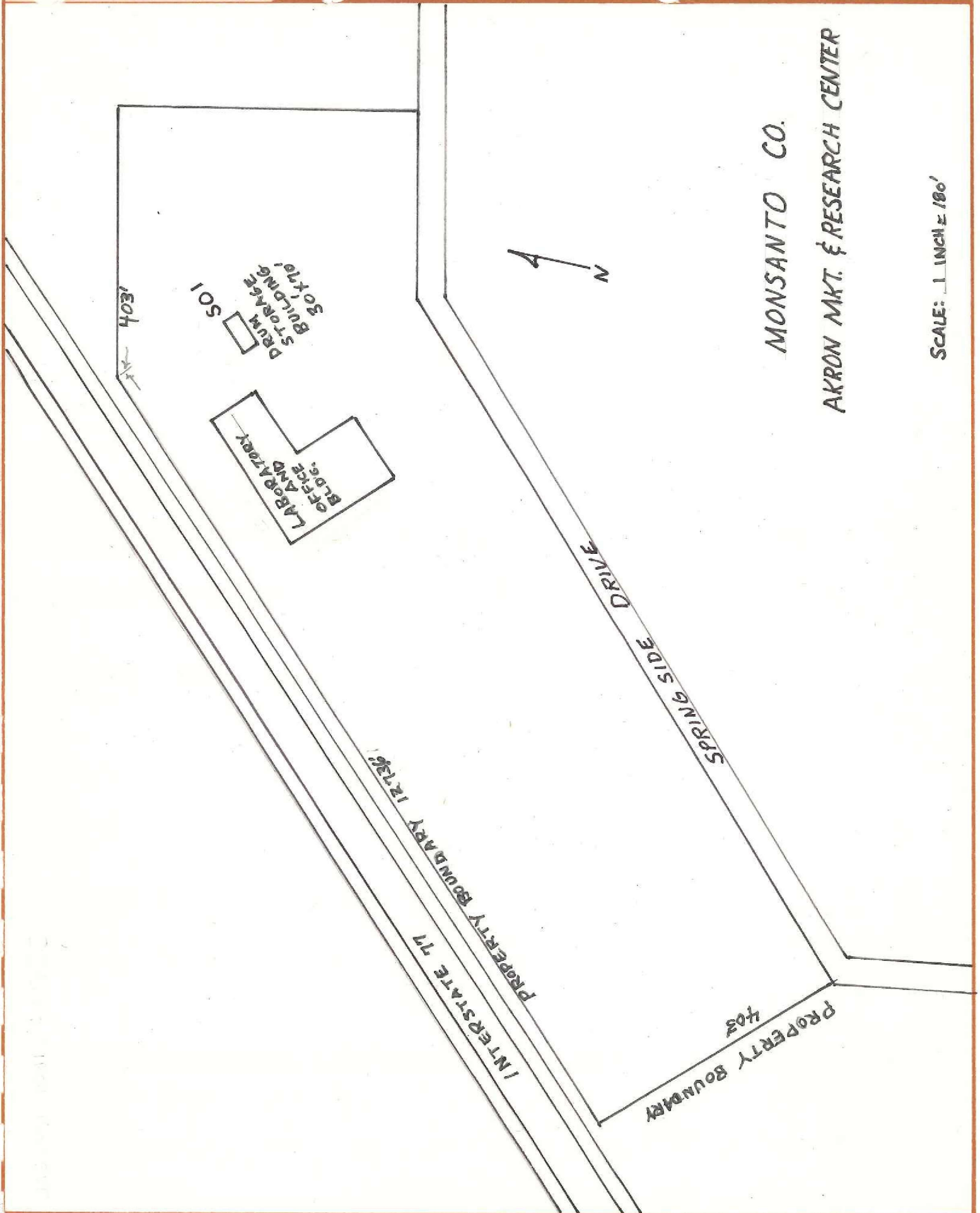
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

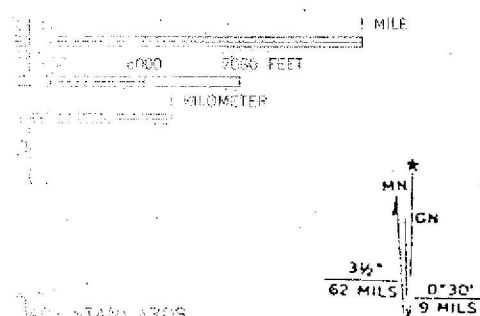
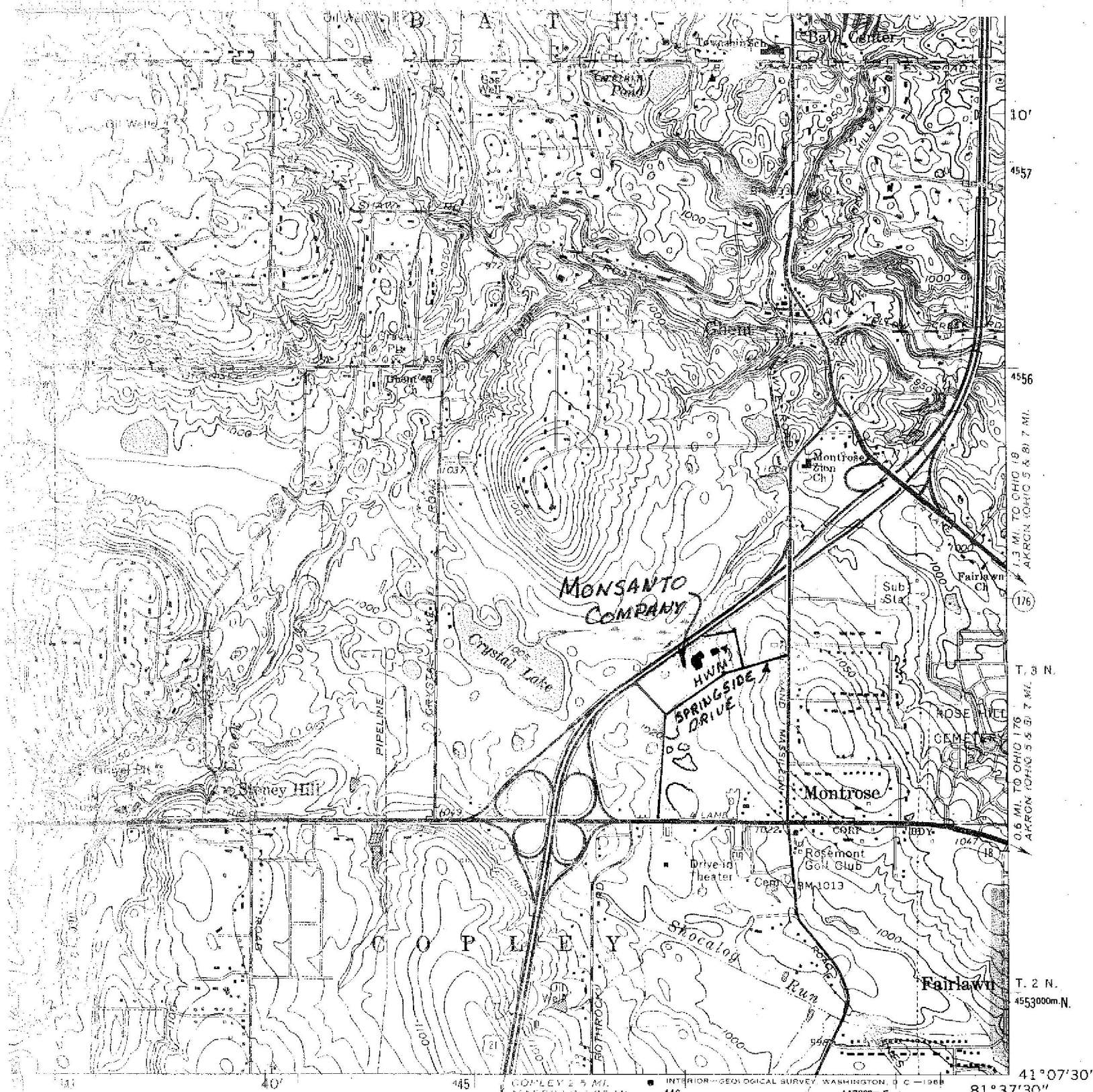
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FACILITY DRAWING (see page 4)





ROAD CLASSIFICATION

Heavy-duty	Light-duty
Medium-duty	Unimproved dirt
() Interstate Route	() U.S. Route
() State Route	

WEST RICHFIELD, OHIO

NW/4 AKRON 15' QUADRANGLE
N4107.5—W8137.5/7.5

1963

PHOTOREVISED 1967

AMS 4666 II NW—SERIES V852

1 purple compiled from aerial photographs
taken 1967 this information not field checked

EPA I.D. NUMBER - OHD071112239



Monsanto

MONSANTO POLYMER PRODUCTS COMPANY
260 Springside Drive
Akron, Ohio 44313
Phone: (216) 666-4111

February 28, 1984

U. S. EPA
Region V
RCRA Activities
P. O. Box 7861
Chicago, Illinois 60680

Gentlemen:

We are a small quantity generator of hazardous waste at this location, and therefore not currently required to submit a federal hazardous waste report. However, we would like to keep you apprised of our activities by supplying copies of the hazardous waste reports submitted to the Ohio Environmental Protection Agency for the years 1982 and 1983.

Please contact me if you have any questions regarding these reports.

Sincerely,



Earl C. Guinn
Storeroom Supervisor

Enclosures

cc: R. W. Wise, Monsanto Company
W. K. Phillips, Monsanto Company

Permits and Registrations

Ohio EPA Air Pollution Source Premise # 1677000065

Registered Sources

B002 Boiler #1

P001 Rubber Lab

P002 Carbon Black Dust Arrestor

P003 Ozone Chambers

P004 Fume Hoods

$$\text{Cost/year} = \$350$$

Paid 12/01/94

Wastewater Connection Permit # 28638

Status : Non-significant Industrial User

EPA ID #OHD 071112239

Status : Small Quantity Generator

RCRA History : OEPA inspection 12/02/82

03/22/90

USEPA inspection 05/22/91

Minor deficiencies were noted and corrected in '82 and '90. No fines or penalties were assessed.

SIC #8731

Risk SI-3421

OSHA History : No OSHA inspections or complaints

U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1982

FACILITY INFORMATION

(specify facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

TAC

0011071111223912
 1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

X. FACILITY NAME

ALT000622364
 16 27

CHEMICAL WASTE MANAGEMENT INC
 28 59

XI. FACILITY'S ADDRESS

P.O. BOX 55
 28
 Street or P.O. Box

EMELLE
 28
 City or Town

AL35459
 State Zip Code

XII. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. USEPA HAZARDOUS WASTE NUMBER (See Instructions)	D. AMOUNT OF WASTE	UNIT OF MEASURE
1	Waste Solvent n.o.s.	07	40024239 40034154	8381	P
2			42204031 40564080		
3			4044		
4	Hazard Waste, Solid, n.o.s.	12	00014196 4190	4592	P
5	(Lab Packs)				
6					
7					
8					
9					
10					
11					
12					

XIII. COMMENTS (enter information by section number)

XII-A: Line 1: This waste is a mixture of the compounds shown in XII-C, plus non-hazardous solvents.

XII-A: Line 4: The "Lab Packs" primarily contain commercial rubber

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

For the calendar year ending December 31, 1982

The information requested herein is required by Rules 3745-52-41, 3745-54-75 and 3745-55-75 as applicable of the Ohio Administrative Code.

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S EPA I.D. NUMBER

TAC

0110071112239

II. NAME OF INSTALLATION

MONSANTO COMPANY

III. INSTALLATION MAILING ADDRESS

260 SPRINGSIDE DRIVE

Street or P.O. Box

AKRON

City or Town

OH 44313

State Zip Code

IV. LOCATION OF INSTALLATION

260 SPRINGSIDE DRIVE

15 16

45

77

County Code

AKRON

City or Town

OH

State Zip Code

53 56

Primary SIC Code

V. INSTALLATION CONTACT

GWINN EARL C.

Name (last and first)

216-668-8275

Phone No. (area code & no.)

VI. TRANSPORTATION SERVICES USED

list the name and EPA identification numbers of all hazardous waste transporters whose services were used during the reporting year.

Chemical Waste Management Inc.

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Earl C. Gwin

011007

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

For the calendar year ending December 31, 19 83

The information requested herein is required by Rules 3745-52-41, 3745-54-75 and 3745-55-75 as applicable of the Ohio Administrative Code.

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

PART A

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S EPA I.D. NUMBER

TAC

OH 0071112239

1 2

13 14 15

II. NAME OF INSTALLATION

MONSANTO COMPANY

30

67

III. INSTALLATION MAILING ADDRESS

3260 SPRINGSIDE DRIVE

15 16

45

Street or P.O. Box

AKRON

15 16

OH 44313

41 42 47

51

City or Town

State Zip Code

IV. LOCATION OF INSTALLATION

3260 SPRINGSIDE DRIVE

15 16

45

27

County Code

AKRON

15 16

OH 44313

41 42 47

51

City or Town

State Zip Code

3823

Primary SIC Code

V. INSTALLATION CONTACT

GUINN EARL C.

15 16

45

216-668-8275

46

Phone No. (area code & no.)

VI. TRANSPORTATION SERVICES USED (list the name and EPA identification numbers of all hazardous waste transporters whose services were used during the reporting year.)

Chemical Waste Management Inc.

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Earl C. Guinn

storekeeper

Earl C. Guinn

2/22/84

Print/Type Name

Title

Signature of Authorized Representative

Date

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1983

FACILITY INFORMATION

(specify facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

TAC

G0H007111223912
1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

X. FACILITY NAME

ALT000622A69
16 27CHEMICAL WASTE MANAGEMENT INC.
28 29

XI. FACILITY'S ADDRESS

P.O. BOX 55
28

Street or P.O. Box

EHELLE
28

City or Town

AL35459
State Zip Code

XII. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS		C. USEPA HAZARDOUS WASTE NUMBER (See Instructions)				D. AMOUNT OF WASTE	E. UNIT OF MEASURE (Enter Code)
1	Waste, Flammable, N.O.S.	0	7	W002	W003			2619	P
2	UN 1993			W031	W056				
3				W031	W080				
4	Hazardous waste, Solid, N.O.S.			W074	W134				
5	ORM-E, NA 9189 (Lab Packs)			W239	W220				
6									
7									
8									
9									
10									
11									
12									

XIII. COMMENTS (enter information by section number)

XII-A Line 1: This waste is a mixture of the compounds shown in XII-C plus some nonhazardous solvents.

XII-A Line 4: The "Lab Packs" primarily contain commercial rubber chemical